



EXPRESS MAIL NO. EV336619859US

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Ronald Berenson et al.  
Application No. : 10/603,577  
Filed : June 24, 2003  
For : COMPOSITIONS AND METHODS FOR RESTORING IMMUNE  
REPERTOIRE IN PATIENTS WITH IMMUNOLOGICAL  
DEFECTS RELATED TO AUTOIMMUNITY AND ORGAN OR  
HEMATOPOIETIC STEM CELL TRANSPLANTATION

Art Unit :  
Docket No. : 980034.422  
Date : December 15, 2003

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

Commissioner for Patents:

Please amend the above-identified application as follows:

**Amendments to the Specification** begin on page 2 of this paper.

**Remarks/Arguments** begin on page 3 of this paper.



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# TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

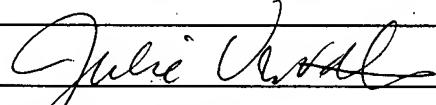
	Application Number	10/603,577
	Filing Date	June 24, 2003
	First Named Inventor	Ronald Berenson
	Art Unit	
	Examiner Name	
	Attorney Docket No.	980034.422

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Preliminary Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement; Form PTO-1449 <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Declaration <input type="checkbox"/> Statement under 37 CFR 3.73(b) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> CD(s), Number of CD(s) _____ <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Additional Enclosure(s) (please identify below): <hr/> <hr/> <hr/>
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## Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name	Julie A. Urvater, Ph.D., Patent Agent	Customer Number 00500
Signature		
Date	December 15, 2003	

## CERTIFICATE OF TRANSMISSION/MAILING

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